# Child Abuse and Neglect Annual Report of Child Fatalities and Near Fatalities

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**Department for Community Based Services**
**Cabinet for Health and Family Services**

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# Contents

## Introduction

In accordance with KRS 620.050(12)(c), the Cabinet for Health and Family Services (Cabinet), Department for Community Based Services (DCBS or Department) submits this annual report of child abuse and neglect fatalities and near fatalities. A near fatality is defined in KRS 600.020 (38) as "an injury that, as certified by a physician, places a child in serious or critical condition." This report provides insights into the demographics of the children who were the victims of abusive or neglectful deaths and near deaths as well as the circumstances around these events. It focuses on child victims whose family had a protective service history with DCBS. The report is organized into four sections: Characteristics of Child Fatality and Near Fatality Cases; Trends in Child Fatality and Near Fatality Cases; Child Fatalities and Near Fatalities in State Fiscal Year (SFY) 2015; and Kentucky Program Improvement Efforts. Historical data in this report span five state fiscal years and include only child abuse and neglect fatalities and near fatalities in which the department had a previous assessment or investigation with the family.

Historical trend data presented in Table 1 has been updated from the annual report submitted in SFY 2014. An asterisk indicates that the number has been updated from previous reports. The numbers of child fatality and near fatality victims are subject to change as cases pending at the time of report writing are resolved. Alternately, cases that were initially reported as near fatalities but ultimately ended in the child's death have been updated to reflect the death. Additionally, numbers may fluctuate as a result of administrative hearings or court determinations requiring a change in finding. Fatality and near fatality cases for SFY 2015 are reported as they are reflected in the database at the time of the writing of the report.

## Section I: Characteristics of Child Fatality and Near Fatality Cases

In order to establish a context under which child death and serious injury occurs, general child maltreatment data are included in this report. Table 1 provides data from SFY 2015 on the overall number of calls with allegations received by DCBS, the total number of child abuse/neglect calls that met acceptance criteria, the number of substantiated abuse/neglect findings made by DCBS, and the number of fatality and near fatality victims.

Table 1 displays data from the past five state fiscal years for all calls with allegations, calls that met criteria, substantiated cases, and fatality and near fatality cases.

| | SFY 11 | SFY 12 | SFY 13 | SFY 14 | SFY 15 |
|---|---|---|---|---|---|
| # of calls with allegations received | | | | 73,692^ | 106,197^ |
| # of abuse/neglect reports that met acceptance criteria | 47,825 | 50,953 | 58,125 | 53,225 | 59,077 |
| # of substantiated abuse/neglect findings | 15,510 | 9,935 | 11,288 | 11,120 | 12,914 |
| # of *fatalities* in which abuse/neglect was substantiated | 31 | 33* | 20* | 16* | 10 |
| # of substantiated *fatalities* with agency history | 18 | 12* | 15* | 12* | 6 |
| # of *near fatalities* in which abuse/neglect was substantiated | 48 | 44 | 46 | 51* | 32 |
| # of substantiated abuse/neglect near fatalities with agency history | 25 | 28 | 33* | 32* | 20 |
| **Note:** An asterisk (*) indicates adjustment from prior years' reports. ^In 2014, DCBS made a system change that allowed for separation of allegation calls from all other agency calls; these data are unable to retroactively run for SFY 2011 through SFY 2013. | | | | | |

The small number of child maltreatment cases that resulted in serious injury or death each year creates significant trend fluctuations and does not provide a representative picture of these cases. For this report, DCBS includes data on all substantiated fatality and near fatality victims over a five state fiscal year period (SFY 2011 – SFY 2015) in which there has been prior protection and permanency involvement in order to strengthen the capacity to evaluate trends and describe characteristics. In the past five state fiscal years, there have been 331 children who died or nearly died due to abuse or neglect. Of those children, 201 either directly had or their family and/or the perpetrator had prior involvement with DCBS. This report focuses on these 201 children.

## Child Victim Demographics

Nationally, children under the age of three die as a result of maltreatment at a significantly higher rate than older children. According to the most recent Administration for Children and Families (ACF) child maltreatment report, [1] nearly 74% of children who died from child abuse or neglect were under aged two or younger. While the ACF report does not include near fatalities, the number is replicated in Kentucky with both fatal and near fatal maltreatment. In Kentucky, children aged four and younger comprise over three fourths (77%) of the maltreatment deaths and near deaths. Table 2 reflects the age of victims related to maltreatment deaths and near deaths compared to national data.

[1] U.S. Department of Health & Human Services; Administration for Children and Families; Administration on Children, Youth and Families; Children's Bureau; Child Maltreatment 2013.

Table 2 displays the age of the victim compared to national fatality data.

| Age of the Victim | | |
|---|---|---|
| | KY (n=201) | National Fatality Data (ACF 2013 NCANDS Report n=58,642,703) |
| <1 | 36% | 47% |
| 1 | 15% | 17% |
| 2 | 13% | 10% |
| 3 | 8% | 7% |
| 4 | 4% | 6% |
| 5-7 | 9% | 6% |
| 8-10 | 3% | 3% |
| 11-13 | 6% | 3% |
| 14 + | 5% | 1% |

In Kentucky, male children are victims of a fatality or near fatality more often than females. These data align with the national 2013 ACF report. For SFY 2011 – 2015, 62% of the child fatality and near fatality victims were male and 38% were female. Table 3 shows the percentage of Kentucky's male and female victims compared to the national child fatality data.

Table 3 displays victim gender compared to national fatality data.

| Gender of the Victim | | |
|---|---|---|
| | KY (n=201) | National Fatality Data (ACF 2013 NCANDS Report n=58,642,703) |
| Male | 62% | 58% |
| Female | 38% | 42% |

Caucasian children account for 79% of the child victims for fatal and near fatal maltreatment from SFY 2011-2015. African American children account for 12%, and 6% of child victims were identified as having two or more races. In Kentucky, African American children are victims of fatal or near fatal maltreatment at a higher rate, 27 per 100,000, than white children, 19 per 100,000. These data align with other data analysis conducted by DCBS which indicates racial disproportionality between African American children and Caucasian children. Table 4 displays the racial and ethnic backgrounds of child victims in Kentucky contrasted with national data.

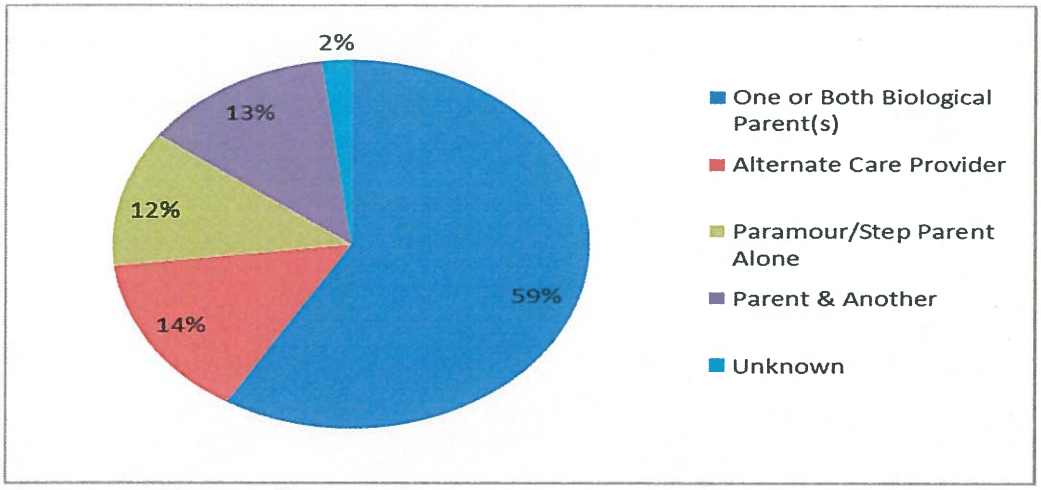
Table 4 displays race/ethnicity of the victim.

| Race and Ethnicity of the Victim | | | |
|---|---|---|---|
| | KY (n=201) | 2010 Detailed Census Data for Kentucky (n=4,339,367) | National Fatality Data (ACF 2013 NCANDS Report n=58,642,703) |
| African American | 12% | 8% | 33% |
| American Indian or Native American | 0% | 1% | 1.2% |
| Asian | 0% | 1% | 1.1% |
| Hispanic | 2% | 3% | 14.5% |
| Pacific Islander | 0% | 5% | .4% |
| Unknown | N/A | N/A | 5.4% |
| White | 79% | 88% | 39.3% |
| Two or More Races | 6% | 2% | 5.1% |

## Perpetrator Demographics

In the 201 cases that are included in this report, there are 275 identified perpetrators. In 37% of the cases, there is more than one identified perpetrator responsible for the fatal or near fatal maltreatment, and in two of the cases the perpetrator was not determined. Data consistently show that parents, acting alone or in collusion with another, are more often the perpetrators of fatal or near fatal child maltreatment. Nationally, only 17% of child fatalities had perpetrators *without* a parental relationship. Figure 1 displays the perpetrator relationship to the victim for the 201 children who are the subject of this report.

Figure 1 displays the perpetrator relationship to victim (n=201).

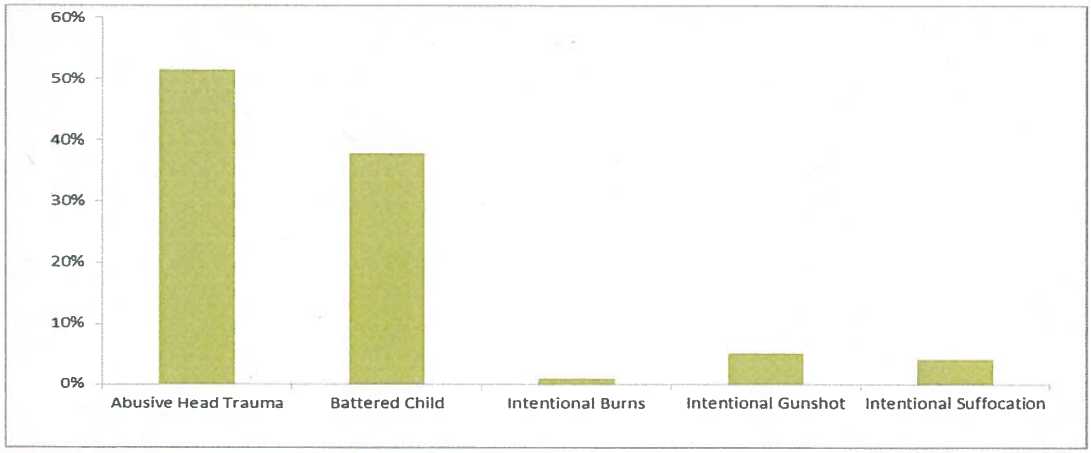



Female perpetrators are more frequently found in neglect fatalities and near fatalities (87%) while males tend to be the more frequent perpetrators of physical abuse cases (86%). Of note, in cases in which the fatality or near fatality was the result of physical abuse, multiple potential perpetrators were often identified as it is difficult to discern who caused the fatal or near fatal injury to the child. Alternately, neglect is an act of omission, and perpetrator access is often easier to establish, resulting in a finding on the individual who had care, custody, and control at the time of the event.

## Maltreatment Type

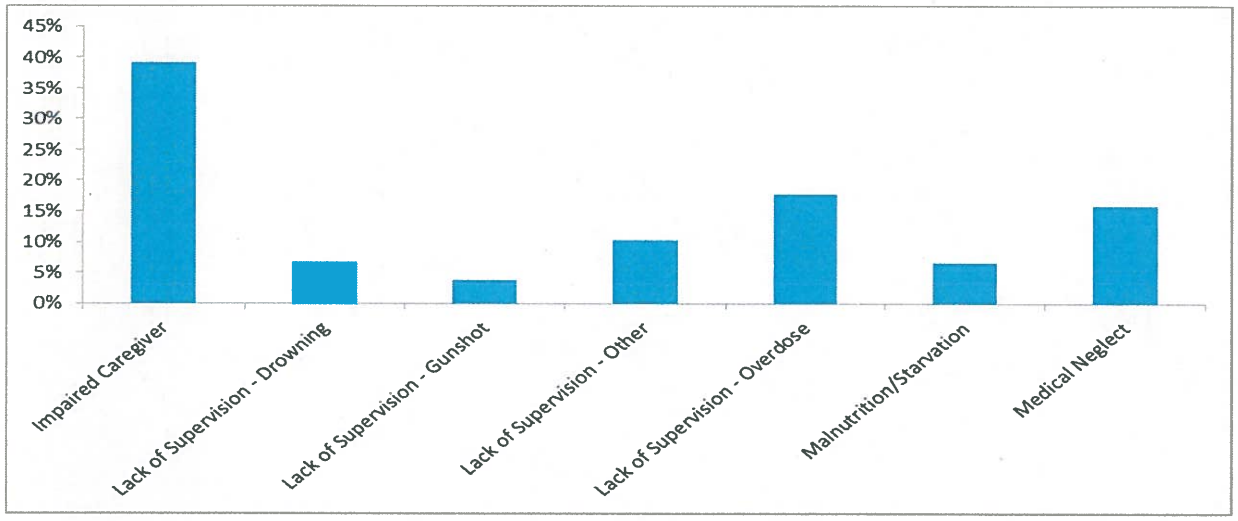
In this analysis, child maltreatment is broken into two categories: physical abuse and neglect. Of the 201 cases, physical abuse was substantiated as the cause 95 times and neglect was substantiated 107 times (total of 202 findings). In one case the cause of the serious or critical condition could not be determined, resulting in a finding of both neglect and physical abuse. Figure 2 displays the cause of death or serious injury in the 95 physical abuse findings for SFY 2011 – 2015. The leading cause of child abuse fatality or near fatality resulting from physical abuse remains abusive head trauma followed closely by children who suffered multiple injuries.

Figure 2 displays the percentage of type of physical injury (n=95).



The remaining 107 findings for SFY 2011-2015 were the result of neglect. Ambiguity exists around child neglect as it is a broadly defined term relating to acts of omission (Putnam-Hornstein, 2013), which makes the classification of neglect cases challenging. Neglect encompasses several different types. For purposes of this report, neglect types have been delineated into four categories: lack of supervision of the child, impaired caregivers, malnutrition or starvation, and lack of medical treatment. Impaired caregivers include any incident of death or near death for which the caregiver's substance use contributed to the maltreatment. Figure 3 shows the causes of fatal and near fatal child maltreatment as a result of neglect. The most common category of child neglect that resulted in a fatality or a near fatality is impairment of the caregiver at 39%. This is followed by situations where a lack of supervision resulted in the child victim overdosing on medication or other toxic substance (18%) and medical neglect (16%).

Figure 3 displays the percentage of type of neglect (n=107).

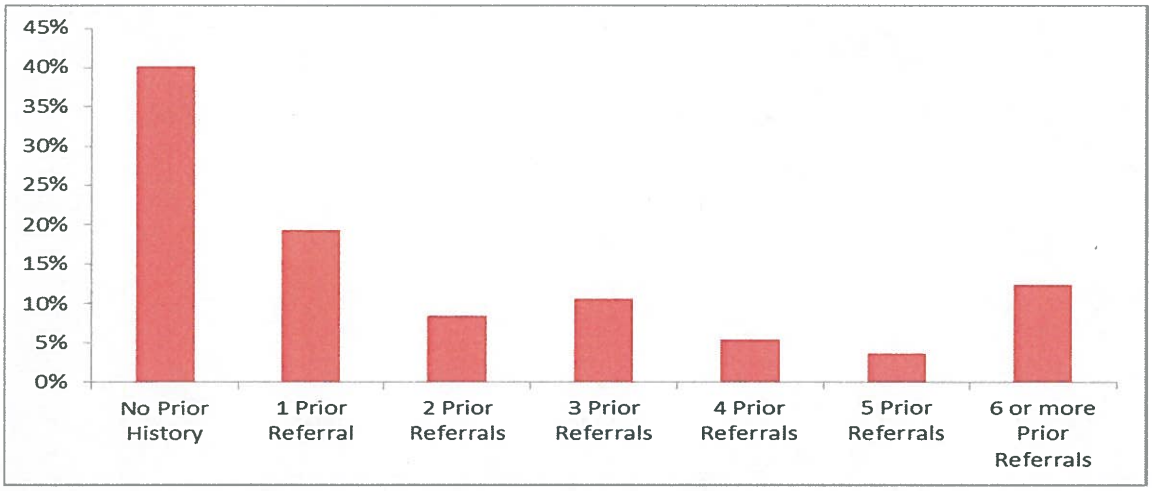



# Section II: Trends in Child Fatality and Near Fatality Cases

## Prior Involvement

Prior involvement is defined by Kentucky law as any assessment or investigation with a child or family in the area of protection and permanency. Figure 4 displays all 331 substantiated fatality and near fatality victims from SFYs 2011 – 2015. Of these cases, 40% did *not* have prior involvement with DCBS. Of important note, it is impossible to know the number of child deaths or near deaths that are prevented each year by DCBS intervention (Graham, 2010). The Department investigated or assessed over 59,000 referrals for child abuse or neglect in SFY 2015 involving 82,419 children.

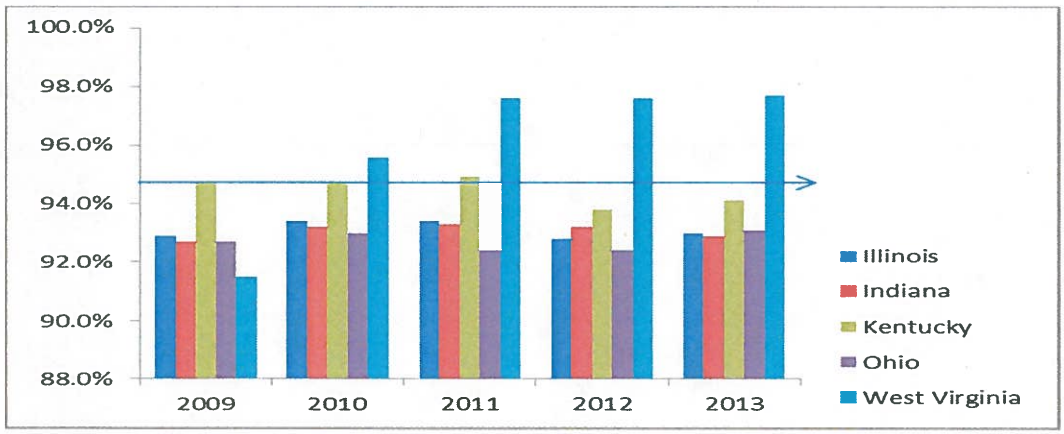
Figure 4 displays the percentage of prior history (n=331).




Of the 201 cases that had prior involvement, 61% (123) had a prior referral within 24 months of the fatal or near fatal incident. These prior referrals were reviewed independently for the identification of trends. Of the 123 prior cases reviewed, 79% had at least one program/subprogram of neglect.

The federal measure of absence of repeat maltreatment is 94.6%. Maltreatment recurrence is defined by the Children's Bureau as "of all children who were victims of substantiated or indicated abuse or neglect during the first 6 months of a reporting year, what percentage did not experience another incident of substantiated or indicated abuse or neglect within a 6-month period." Figure 5 displays Kentucky's overall repeat maltreatment performance compared with neighboring states.

Figure 5 displays federal repeat maltreatment measures for KY and four of its contiguous states.




Of the children included in this report, 11% of the victims experienced repeat maltreatment. A review of these cases indicated potential missed opportunities in the areas of assessment of parenting skills, the ability of the caregivers to manage the tasks of daily living, and the caregiver's ability to prioritize the child's safety. Targeted case reviews done by the Division of Protection and Permanency also show a need for improvement in these areas. This is a topic for strategized intervention in the future work of DCBS. The development of a new assessment tool (the Assessment and Documentation Tool or ADT) is

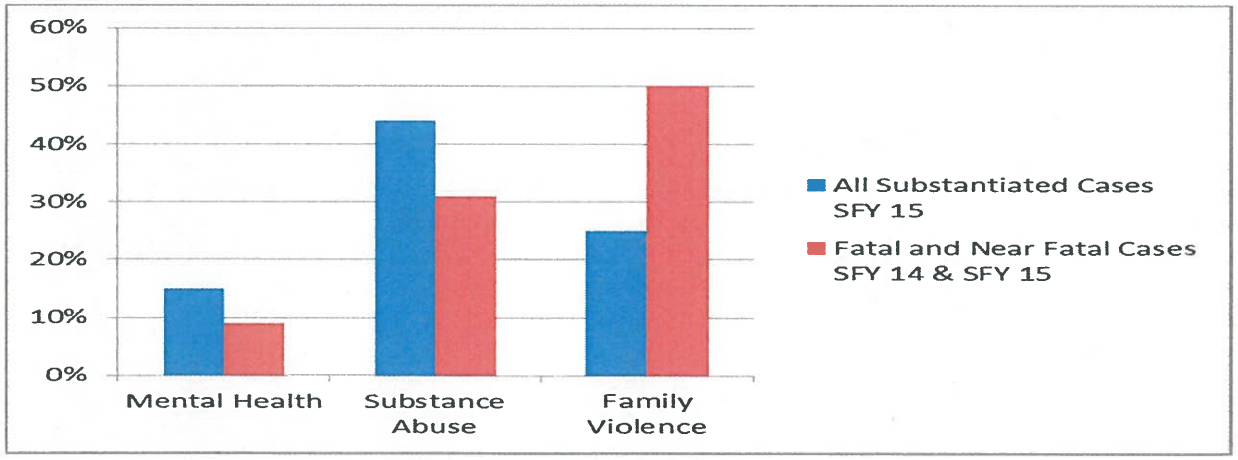
designed to assist staff in making more comprehensive assessments in these areas. Additionally, the ADT will assist in reliable documentation of prior case work, which is necessary to provide future workers with an understanding of the maltreatment patterns of the family (Graham, 2010).

## Family Risk Factors

Research indicates that fatal and non-fatal child abuse cases have more similarities than differences in regards to risk factors. Family characteristics "related to the quality of the connection between the caregiver and the child, caregiver abilities and skills and child vulnerability," while not tangible risk factors, have been proven to indicate the likelihood of future maltreatment related deaths or serious injury (Graham, 2010).

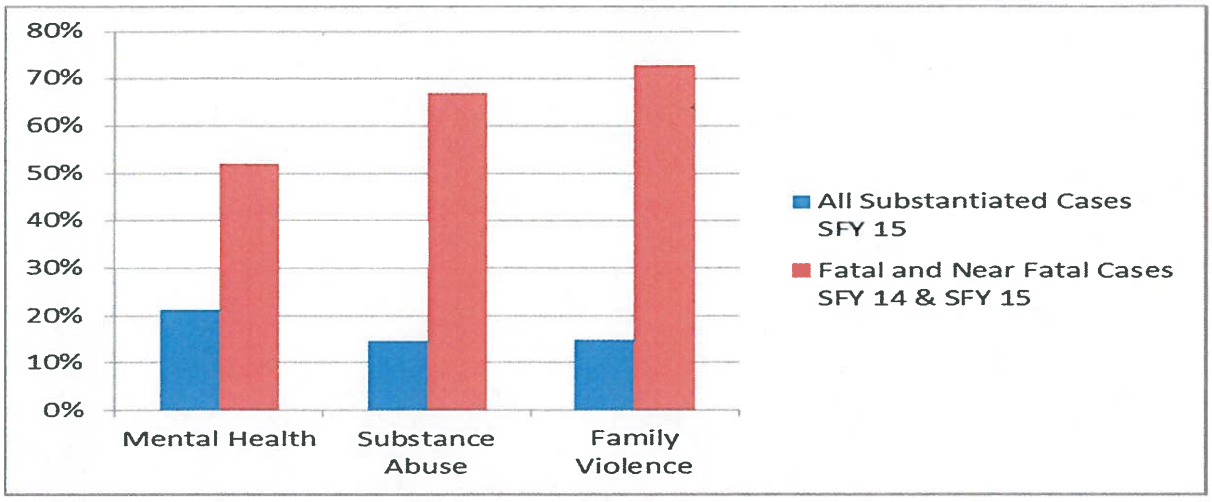
Substance abuse, family violence, and mental health issues are commonly known antecedents in child abuse and neglect cases. DCBS collects data on how these three risk factors impact maltreatment. The ADT distinguishes whether a risk factor directly or indirectly impacted the fatal or near fatal maltreatment, or if it was an historical feature of the case. In SFY 15, substance abuse either directly or indirectly contributed to maltreatment in 44% of all child protective services substantiations. In fatality and near fatality cases, substance abuse contributed to maltreatment in 31% of the cases. When neglect was isolated from physical abuse in the fatality and near fatality cases, however, that percentage increased to 46%. Family violence was present in 50% of the fatal and near fatal maltreatment cases in SFY 14 and SFY 15 compared to 25% of all child protective services substantiations in SFY 15. Figure 6 displays the percentages of substance abuse, family violence, and mental health as contributors in all child protective services substantiated cases, contrasted with fatal and near fatal maltreatment.

Figure 6 displays direct & indirect contributors for all cases SFY 15 (n=12,131) and fatal and near fatal cases SFY 11-15 (n=201).




Mental health is more frequently a risk factor in all maltreatment cases (21%) versus a contributor to the maltreatment. Family violence, substance abuse, and mental health all are identified as risk factors in cases of fatal and near fatal maltreatment compared to all substantiated cases. Figure 7 displays the percentages for these risk factors in all cases and in fatalities and near fatalities.

Figure 7 displays risk factors for all cases in SFY 2015 (n=12,131) and fatal and near fatal cases SFY 11-15 (n=201).

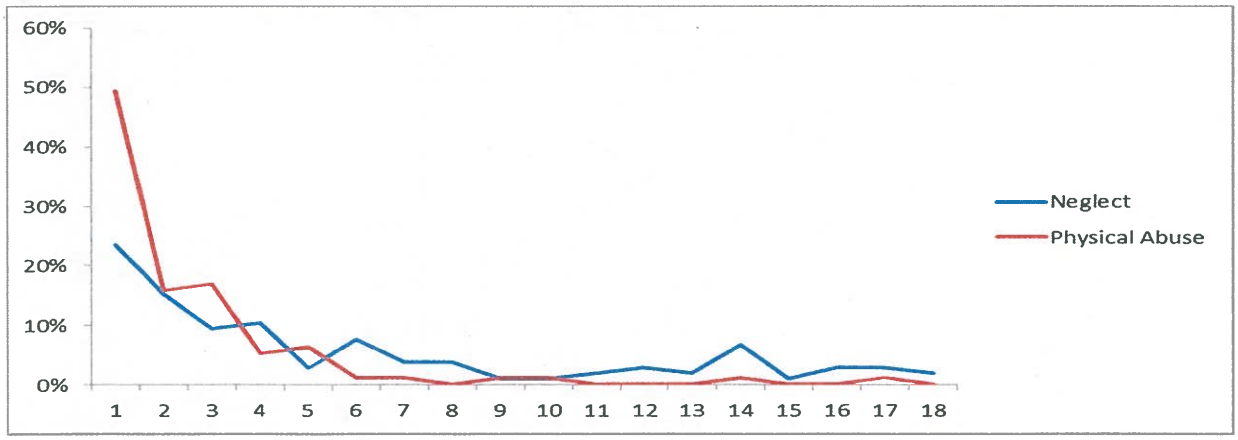



For calendar year 2014, there were 1409 infants born with a diagnosis of Neonatal Abstinence Syndrome.[2] Analyses of the child fatality and near fatality victims indicated that 6% of the 201 victims included in this report were born substance exposed.

## Child Risk Factors

The age of the victim has been the one child demographic that has consistently been useful as a predictive feature for caseworkers and policy makers in cases of fatal and serious child maltreatment. As aforementioned, 77% of children under the age of four were the victims of fatal or near fatal maltreatment. Child victims tend to be younger than in cases in which physical abuse resulted in fatal or serious injury. The age of children in neglect-related deaths and near deaths is more equally distributed across age groups, although the majority of all child fatality and near fatality victims tend to be age four or younger. Figure 8 contrasts the age of the victim to the referral type.

Figure 8 displays the age of victim and referral type (n=201).




[2] Produced by the Kentucky Injury Prevention Research Center, July 2015. Kentucky Inpatient Hospitalization Claims Files, Frankfort, KY, [2001-2014]; Cabinet for Health and Family Services, Office of Health Policy. Data for 2010-2014 are provisional and subject to change.

The department continuously evaluates the household and child dynamics present in cases of fatal or near fatal maltreatment. While it is difficult to identify which child referred for child protection services has the most immediate threat, child welfare staff often recognize the risk that could lead to fatal child maltreatment and act accordingly (Putnam-Hornstein, 2013). DCBS continues to work with medical, legal, and other community partners to increase our understanding of the situations that result in fatal and near fatal child maltreatment cases.

# Section III: Child Fatality and Near Fatality in State Fiscal Year 2015

## Case Demographics

During SFY 2015, 42 child fatality and near fatality cases were identified as being the result of maltreatment. Of those 42 cases, 62% (26 cases) had prior involvement with DCBS. Of the 26 cases with prior involvement, 58% of them had a prior investigation or assessment within a 24 month period prior to the fatal or near fatal event. There were 14 victims of fatal or near fatal neglect maltreatment and 12 findings of physical abuse.

## Regional Differences

Table 5 shows the distribution of child fatality cases and near fatality cases in each of the nine DCBS service regions during SFY 2015. See **Appendix A** for a map of the counties in each service region.

Table 5 displays a regional breakdown of SFY 15 cases (n=26).

| Service Region | # of abuse/neglect fatalities with prior involvement* | # of abuse/neglect near fatalities with prior involvement* | Total fatality/near fatality with prior involvement* |
|---|---|---|---|
| Cumberland | 2 | 4 | 6 |
| Eastern Mountain | 0 | 0 | 0 |
| Jefferson | 0 | 3 | 3 |
| Northeastern | 0 | 1 | 1 |
| Northern Bluegrass | 0 | 1 | 1 |
| Salt River Trail | 1 | 5 | 6 |
| Southern Bluegrass | 1 | 1 | 2 |
| The Lakes | 0 | 1 | 1 |
| Two Rivers | 2 | 4 | 6 |
| **Statewide totals** | **6** | **20** | **26** |
| *these numbers are as of the writing of the report and do not include unresolved cases or cases awaiting administrative hearings. | | | |

# Section IV: Kentucky's Program Improvement Efforts

## Internal Reviews

Internal reviews are conducted on child fatality and near fatality cases as mandated by KRS 620.050 (12)(c). Prior involvement is defined by 922 KAR 1:420 as "any assessment or investigation, of which the cabinet has record, with a child or family in the area of protection and permanency prior to the child's fatality or near fatality investigation." The internal review process was reviewed, and enhancements will be implemented in the upcoming state fiscal year (SFY 2016).

To more closely align with the updated case review process, case review worksheets were developed that are applied to any assessment conducted in the 24 months preceding the fatal or near fatal incident. The case review worksheets are completed by staff within the region as well as designated staff in central office and are discussed in depth during the internal review. Action items are identified from the areas for improvement that are noted in the worksheets, and the regional staff develop action plans to improve in the identified areas. Finally, regional staff monitors the identified areas through the continuous quality improvement case review scores. Moving forward, data from the worksheets will be compared to regional and statewide case review scores in the same area. This allows for the identification of systemic versus isolated practice areas for improvement. This process was piloted in January 2015 and has become a standard practice at the start of SFY 2016. Areas for improvement have been broadly categorized into to following areas:

- *Risk assessment*- defined as "the inability to identify protective factors, risk factors, and/or safety factors";
- *Critical thinking/decision making*- defined as "the inability to apply and integrate information gathered in a risk assessment";
- *Service array*- defined as "services were identified and matched, but were inaccessible in the community"; and
- *Program administration*- defined as "identified areas for training improvements, technology improvements, and policy improvements".

Of the 201 fatality and near fatality cases that were completed from SFY 2011 through SFY 2015, 123 were identified to have at least one prior referral in the 24 months preceding the fatal or near fatal event. Data were compiled manually from cases completed prior to the implementation of the new internal review process. Results indicate that the department needs to continue to do more thorough risk assessments and improve corresponding skill sets, such as critical thinking and decision making. The areas of program administration and service array need further exploration and data in order to draw conclusions about the impact on practice.

## Program Efforts and Collaborations

The Division of Pediatric Forensic Medicine (PFM) in the Department of Pediatrics at the University of Louisville provides forensic consultations and medical evaluations of child victims of physical abuse and neglect. This collaboration assists staff who are completing child protective services investigations by

differentiating inflicted injury from accidental trauma. PFM doctors also provide court testimony when warranted. There were approximately 600 referrals to PFM for formal consultations during this state fiscal year.

The collaborative efforts between DCBS and the Child Fatality and Near Fatality External Review Panel (the panel) include the sharing of departmental records. All cases required under KRS 620.050 are shared with the panel through secure electronic methods. The process is continuously being improved with additions of electronic documents and forms. Additionally, the panel is updated monthly with both new cases received and cases resolved.

In December 2014, the department's Division of Protection and Permanency (DPP) hosted a statewide meeting of state regional child fatality liaisons and management. This meeting focused on the aforementioned enhancements to the internal review process and sought suggestions for improving processes around child deaths and near deaths. Among the suggestions for improvement was a call for a streamlined and more efficient process in notifying leadership of child deaths and near deaths and the subsequent resolutions to the cases. This led to the development of new departmental forms and a reduction in the workload for the frontline and regional staff. DPP will continue to hold bi-annual meetings with the regional liaisons and management to enhance collaboration between central office and field staff.

In May 2015, the department announced a restructuring plan that included separating Protection and Permanency from Family Support within the Division of Service Regions. Four new regions were created that will oversee only Family Support services. The current structure of nine service regions will remain for Protection and Permanency. This restructuring will benefit Protection and Permanency field staff by allowing Service Region Administrators to focus solely on protection services rather than both Family Support and protection services. It will also allow for regional leadership to practice in his or her area of field work expertise and provide more in-depth oversight into regional practices. A regional map of the new Family Support Regions can be found in **Appendix B**.

The SAFESPACE project (**S**creening and **A**ssessment **f**or **E**nhanced **S**ervice **P**rovision to **A**ll **C**hildren **E**veryday) was developed in collaboration with the University of Louisville, Eastern Kentucky University, and the Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). SAFESPACE is a series of tools which include a screener packet for children entering out of home care. The goal is to promote quicker and more comprehensive access to mental health providers, as well as reducing the amount/frequency of placements and placement disruptions. After a screening tool is completed, the worker will receive a computer generated report which will include information such as the type of therapy recommended for this child and their family, duration and frequency of services, as well as any other recommendations. The pilot project in two regions is anticipated to roll out by fall 2015. A training curriculum will also be developed to educate staff in this process.

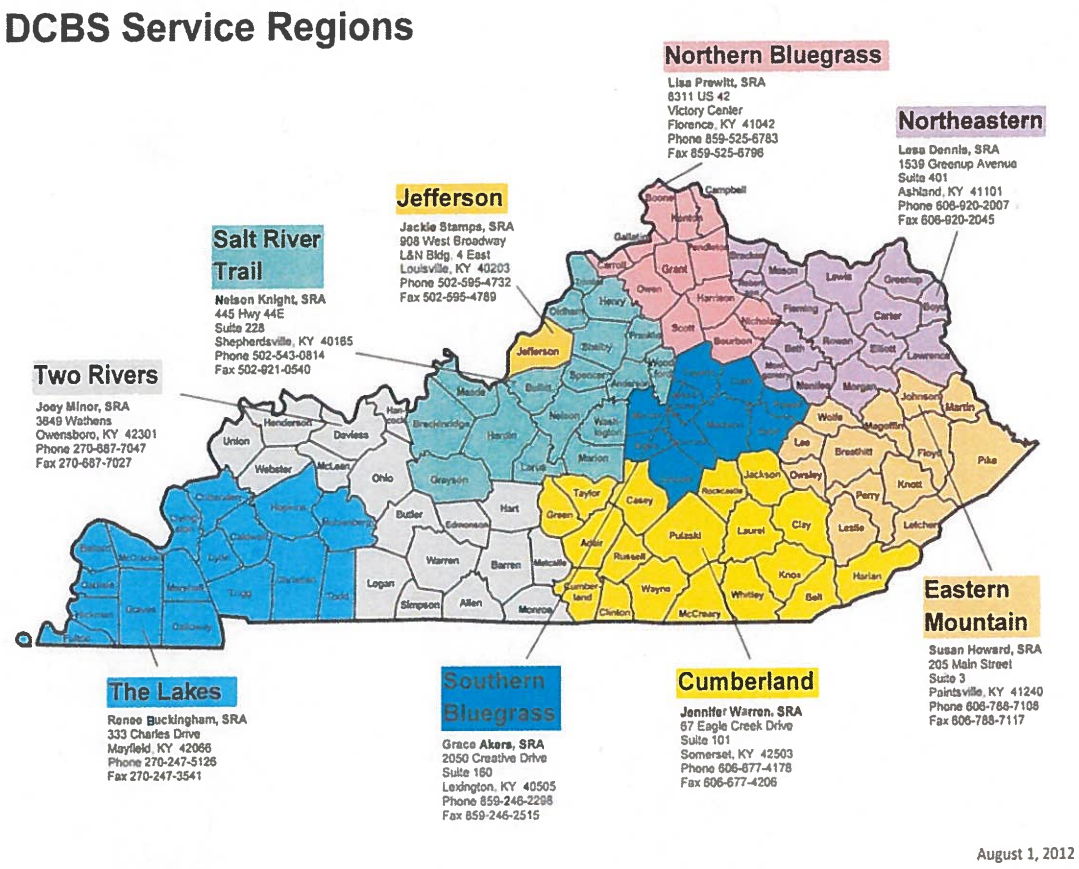
## Trainings

DCBS utilizes information gathered during internal reviews to shape training material in order to enhance staff capacity. The Child Protection Branch participated in several trainings this past state fiscal year:

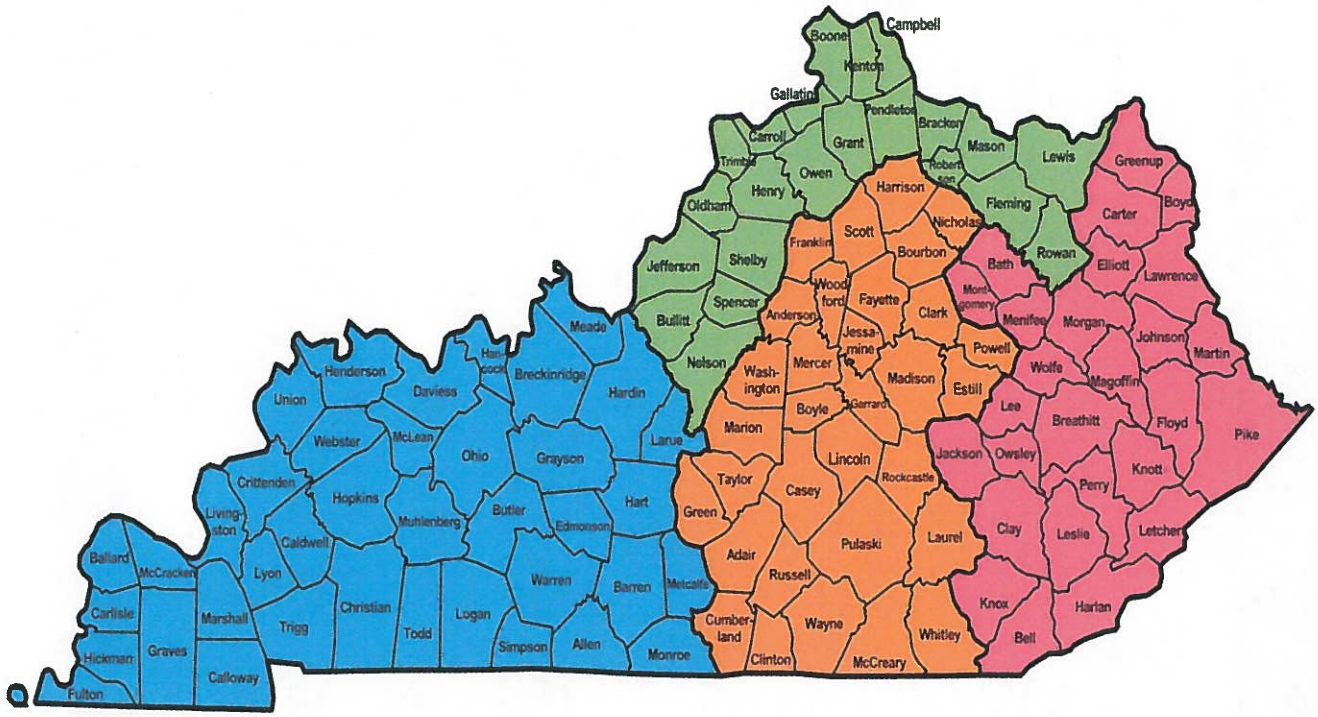
- *"Risk Factors and the Assessment of Child Protective Services Investigations"* training emphasizes the assessment of domestic violence, mental health, and substance abuse in families. In addition, it strongly emphasizes the use of comprehensive interviews with service providers and family members to appropriately assess the strengths and needs of families. A team approach to training is used that includes both frontline staff and respective supervisors. This training has been conducted in all nine service regions and is offered continuously on an as needed basis.
- Department representatives provided several regional trainings focused on human trafficking in conjunction with Kentucky Association of Sexual Assault Programs and Catholic Charities human trafficking program specialists. Attendees included department staff, law enforcement, Department of Juvenile Justice, Administrative Office of the Courts, foster care review boards, and private child care agencies. The intent of the training was to provide continuing education about Kentucky's human trafficking laws which became effective in June 2013, case examples, intervention services, and the department's response to these investigations.
- *"Mandatory Reporting"* training was provided to various agencies when requested, as well as to the Jefferson service region on three occasions. The training is intended to explain to stakeholders the statutory authority of the department to investigate reports of abuse and neglect, how and when to make a report to the department, what to expect after a report is made, and the regulations and statutes that guide the department's authority.
- *"Specialized Referrals and Assessments in Day Cares, Schools and Other Out-of-Home Care Settings"* training provides focus on conducting investigations in specialized settings. This training also includes information on child fatality and near fatality investigations as well as pediatric forensic medicine consultations.
- *"Concurrent CPS/DV"* training is a new training developed collaboratively with the Child Protection Branch and the University Training Consortium (UTC) at the request of the regions and as a result of information gleaned during the internal review process. This training consists of a review of the standards of practice (SOP) related to investigating domestic violence allegations alongside child protection allegations. The training utilizes case scenarios to role play a concurrent domestic violence and child protective services investigation and a discussion around the appropriate finding for both incidents.
- *"Medication Assisted Treatment: Getting it Right"* is a newly developed training that was presented in all nine service regions this past state fiscal year. The training was developed to give department staff an understanding of the history of opioid addiction and an opportunity to learn about the disease of addiction. Medicated assisted treatment (MAT) programs were discussed and information was presented on how MAT is utilized in Kentucky, including the benefits and risks of using these medications during pregnancy and Neonatal Abstinence Syndrome.

- *"Medical Elements of Child Abuse and Neglect" (MECAN)* is a series of medical trainings designed for the non-medical professional to provide information on a variety of medical topics. This series was revised in 2011 with the assistance of Dr. Melissa Currie, Director of the Division of Pediatric Forensic Medicine at the University of Louisville. Twelve 2-3 hour courses are currently available on a variety of medical issues related to child maltreatment. Several trainings have been converted to modules on the KYTRAIN network, administered by the Department for Public Health, for access by both DCBS staff and community partners. The goal of the training is to increase recognition of medical indicators of abuse and neglect for staff, supervisors, and community partners. Individual modules are presented throughout the year.
- *"Bruises and Patterned Injuries"* is the most often provided module of the MECAN series and is presented by the Central Office Fatality Nurse. This training provides information on types, locations, and variations of bruises and other skin injuries. It is provided to all DCBS Protection and Permanency staff at the beginning of their employment, community partners, the Community Collaborations for Children (CCC) Regional Networks, and medical professionals. The purpose of the training is to provide information to these individuals to heighten awareness of abusive injuries. Several sessions of this training were held around the Commonwealth during this state fiscal year.
- *"Pediatric Abusive Head Trauma"* is a mandatory 1.5 hour training required by House Bill 285 enacted during the 2010 General Assembly (2010 Ky. Acts ch. 171) for various professionals in the child welfare, legal, and medical communities. The training was developed by Dr. Melissa Currie and presented by the DCBS Child Fatality Nurse Service Administrator for statewide implementation. This training is provided to all new employees of Protection and Permanency.

# Appendix A: Protection and Permanency Service Regions



## Appendix B: Family Support Service Regions



## Appendix C: Data Tables

| AGE OF CHILD | SFY 2015 (n=26) | | SFY 2011-2015 (n=201) |
|---|---|---|---|
| | Fatality | Near Fatality | |
| Under 1 year | 2 | 7 | 72 |
| 1 year | 1 | 4 | 31 |
| 2 years | 0 | 3 | 26 |
| 3 years | 1 | 1 | 16 |
| 4-6 years | 0 | 3 | 23 |
| 7-12 years | 0 | 1 | 15 |
| 13-17 years | 2 | 1 | 18 |
| **Total** | **6** | **20** | **201** |

| GENDER OF CHILD | SFY 2015 (n=26) | | SFY 2011-2015 (n=201) |
|---|---|---|---|
| | Fatality | Near Fatality | |
| Male | 4 | 14 | 125 |
| Female | 2 | 6 | 76 |
| **Total** | **6** | **20** | **201** |

| RACE/ETHNICITY OF CHILD | SFY 2015 (n=26) | | SFY 2011-2015 (n=201) |
|---|---|---|---|
| | Fatality | Near Fatality | |
| African American | 0 | 0 | 25 |
| Two or More Races | 1 | 2 | 12 |
| White | 5 | 18 | 159 |
| Hispanic | 0 | 0 | 5 |
| **Total** | **6** | **20** | **201** |

| TYPE OF MALTREATMENT | SFY 2015 (n=26) | | SFY 2011-2015 (n=201) |
|---|---|---|---|
| | Fatality | Near Fatality | |
| Physical Abuse | 2 | 10 | 106 |
| Neglect | 4 | 10 | 94 |
| Physical Abuse & Neglect | 0 | 0 | 1 |
| **Total** | **6** | **20** | **201** |

| PERPETRATOR RELATIONSHIP TO VICITM | SFY 2015 (n=26) | | SFY 2011-2015 (n=201) |
|---|---|---|---|
| | Fatality | Near Fatality | |
| Mother | 0 | 7 | 52 |
| Father | 1 | 3 | 32 |
| Both Parents | 0 | 3 | 34 |
| Parent Paramour/Step | 1 | 3 | 24 |
| Parent & Another | 0 | 0 | 26 |
| Alternate Care Provider | 4 | 4 | 29 |
| Unknown | 0 | 0 | 4 |
| **Total** | **6** | **20** | **201** |

| AMOUNT OF DEPARTMENT HISTORY (FATALITY AND NEAR FATALITY) | SFY 2015 (n=26) | SFY 2011-2015 (n=201) |
|---|---|---|
| 1 prior report | 2 cases | 65 cases |
| 2 prior reports | 5 cases | 27 cases |
| 3-5 prior reports | 10 cases | 67 cases |
| 6-9 prior reports | 7 cases | 32 cases |
| 10 + prior reports | 2 cases | 10 cases |
| **Total** | **26 cases** | **201 cases** |

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